

**MINISTER OR OTHER PERSON AUTHORIZED
TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA
CHANGE OF ADDRESS**

1. _____
Name of Certificate Holder E-mail Address
2. _____
Current Residence Address City State Zip Code
3. _____
Residence Mailing Address, if Different City State Zip Code
4. (____) _____ (____) _____
Current Telephone Number Cell Phone Number
5. Name and Address of church or religious organization you are **currently** affiliated with:

Address City State Zip Code
6. _____
Church or Religious Organization Mailing Address, if Different City State Zip Code
7. (____) _____
Church or Religious Organization Telephone Number
8. Name and Address of church or religious organization you were **previously** affiliated with:

Address City State Zip Code
9. Are the entities named in Items 5 and 8 above related or affiliated in any way? Yes ☐ No ☐
If yes, please explain _____

10. Effective Date of Change: _____

Signature

Print Name & Title

Date